

OFFICE OF THE CITY LICENSE INSPECTOR

320 EAST MCCARTY ST.

JEFFERSON CITY, MO 65101

PHONE: (573)634-6322 FAX: (573)634-6329 EMAIL: DHARTLEY@JEFFCITYMO.ORG

TAXI CAB/CHAFFEUR BUSINESS LICENSE APPLICATION

YOU MAY NOT CONDUCT BUSINESS UNTIL BUSINESS LICENSE IS APPROVED AND ISSUED.

DATE:									
BUSINESS NAME:									
DBA:									
BUSINESS PHYSICAL LOCATION:									
TYPE OF BUSINESS:									
Phone #	Fax #		Cell #						
MAILING ADDRESS:									
OWNER NAME:		PHONE #							
OWNER HOME ADDRESS:									
EMAIL:									
SIGNATURE:									

REQUIREMENTS:

- 1. Completed license application.
- 2. License Fee payment:
 - a. Initial Fee \$200, plus \$5 for eah additional vehicle.
 - b. Annual Rnewal Fee of \$102 for 1st vehicle, \$25 for each additional.
- 3. Insurance Certificate of Public Liability and Property Damage Insurance covering each motor vehicle.
- 4. Criminal Background Check.
- 5. Certificate of Convenience and Necessity authorizing the applicant to operate a vehicle for hire business.
- 6. Annual Vehicle Inspection by a mechanic authorized by the State of Missouri to perform motor vehicle inspections.

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.

•	IDENTIAL AND BUSINESS ADDRESS FOR THE LAST 5 YEARS (IF A PARTNERSHIP/CURPORATION
	NAME, RESIDENTIAL AND BUSINESS ADDRESSES FOR ALL PARTNERS/OFFICERS/DIRECTORS.)
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DATES RESIDED AT:

2A.	HAS ANYONE IN SE INVOLVING THE US SEXUAL ABUSE IN COLE OR THE CITY											
2B.	HAS ANYONE IN SE OF THIS CODE?	I										
2C.	HAS ANYONE IN SE PERMIT ISSUED BY											
3.	DOES ANYONE IN S AGAINT HIM/HER I VEHCILE?	TS										
4A.	A. PAST EXPERIENCE OF ANYONE IN SECTION ONE OF PROVIDING A VEHICLE FOR HIRE SERVICE?											
4B.												
5.	HAS ANYONE IN SECTION ONE EVER HAD A LICENSE OR PERMIT TO OPERATE A VEHICLE FOR HIRE BEEN REVOKED OR SUSPENDED AND IF SO, THE CIRCUMSTANCES OF THE REVOKATION OR SUSPENSION?											
6A.	NUMBER OF VEHICL OPEARTE A VEHICL DOOR VEHICLES)?			•			⁻ O					
6B.	REGISTERED VEHICLE OWNER	MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #	VEHICLE I.D. #					
7.	WHAT METHOD W SECURE TRANSPOR MANNER WILL THE (MUST BE PROVIDE	RTATION AN	ND IN WHAT BE DISPATCHED	?								
8.	WHAT COLOR SCH CHARACTERISTIC II DESIGNATE THE VE EXPMPLE IF POSSIE	NGIGNIA W EHICLES (AT	ILL BE USED TO									
9.	HOURS AND DAYS OF OPERATION?											